PHOENIX OFFICE 1300 West Washington hoenix, Arizona 85007-292

Phoenix, Arizona 85007-2929 Phone: (602) 542-3026 Toll Free (AZ only): 1-800-345-5819 WWW.AZCC.GOV

CORPOR

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

TUCSON OFFICE 400 West Congress, Suite #221 Tucson, Arizona 85701-1347 Phone: (520) 628-6560

Phone: (520) 628-6560 Toll Free (AZ only): 1-800-345-5819 WWW.azcc.goV

GENERAL FILING INSTRUCTIONS FOR APPLICATION FOR NEW AUTHORITY FOR FOREIGN BUSINESS AND FOREIGN NONPROFIT CORPORATIONS

Pursuant to A.R.S. §§ 10-1504 & 10-11504

A foreign business corporation or foreign nonprofit business corporation is required to file an Application for New Authority if it changes:

- 1. Its actual corporation name or the name under which it has obtained authority to transact business in this state.
- 2. The period of its duration.
- 3. The state, province, or country of its incorporation.

	-	,
Corpo	ration	Name
		Check name for availability using the preliminary name search instructions on our web site at
		www.azcc.gov/corp.
		Attach copy of Tradename Certificate, if applicable.
		Attach resolution adopting fictitious name. The resolution must be approved by the board of directors
		and signed by the secretary.
Applic	cation f	or New Authority
		Indicate exact corporation name.
		Indicate fictitious name adopted for use in Arizona, if the exact name is not available.
		Indicate the state, province or country in which the corporation is incorporated.
		Indicate the date of incorporation and the duration.
		Indicate the address of the principal office in the state, province or country of incorporation.
		Indicate the name and address of the statutory agent in Arizona. The statutory agent must provide
		both a physical and mailing address. If statutory agent has a P.O. Box, then they must also provide
	_	a physical street address/location.
		Indicate the street address of the known place of business in Arizona. The address may be in care of
		the statutory agent.
		Indicate the limitations of purpose, if applicable.
		Indicate the name(s) and business address(es) of the current directors and officers.
		Indicate number of shares of Stock Corporation is authorized to issue. (<i>Profit ONLY</i>).
		Indicate the aggregate number of shares issued. (Profit ONLY).
		Briefly indicate the business the corporation plans to conduct.
		Indicate whether the corporation has or does not have members (Nonprofit ONLY)
Fees		Affix signature of statutory agent (acknowledge acceptance).
rees		Attach check for filing foo of \$175.00. Expedited convice is available for an additional \$25.00. Make
	_	Attach check for filing fee of \$175.00. Expedited service is available for an additional \$35.00. Make check payable to the Arizona Corporation Commission.
Copie	c	check payable to the Alizona Corporation Commission.
Cobie	ъ П	Attach a copy of the Articles of Amendment or change of domicile, duly authenticated (certified
	_	within 60 days) by the official having custody of the records in the state, province or country of
		incorporation.
Public	ration	incorporation.
i ubiic		Once your filing has been approved and processed by the Arizona Corporation Commission, publish
	_	your filing (within 60 days) in a newspaper of general circulation in the county of the known place of
		business in Arizona, as filed with the Commission, for three (3) consecutive publications. A list of
		acceptable newspapers in each county is posted on the Commission web site
		http://www.azcc.gov/corp/filings/forms/newspubs.pdf. An affidavit from the newspaper, evidencing
		such publication, must be delivered to the Commission for filing WITHIN NINETY (90) DAYS from
		the date that your filing was approved and processed by the Arizona Corporation Commission (this
		the date that your hing was approved and processed by the Alizona Corporation Commission (this

date will be listed in the letter that you receive upon approval for your filing).

DO NOT PUBLISH THIS SECTION

1. If you are the holder or assignee of a trade name, attach a copy of the trade name certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be certified by the corporation's Secretary.

- 3. You must provide the total duration in years for which your corporation was formed to endure. If perpetual succession, so indicate in this section. Do not leave blank, or state not applicable.
- **5.** The statutory agent must provide a street address. If statutory agent has P.O. Box, then they must also provide a physical street address/location.

5.b. Indicate to which address the Annual Report should be mailed.

CF:0061 Rev: 10/2006

APPLICATION FOR NEW AUTHORITY TO CONDUCT AFFAIRS IN ARIZONA

	The name of the corporation is:				
	A(n)Nonprofit Corporation. (State, Province or Country)				
<u>X</u>	We are a foreign corporation currently authorized to conduct affairs in Arizona and must now file this Application for New Authority pursuant to A.R.S.§10-31504 because we have changed the following in our domicile jurisdiction: Our actual corporate name (or the name under which we originally obtained authority in Arizona). The period of our duration. The state, province or country of our incorporation.				
1.	The exact name of the foreign corporation is:				
	If the exact name of the foreign corporation is not available for use in this state, then the fictitious name adopted for use by the corporation in Arizona is:				
2.	The name of the state, province or country in which the foreign corporation is Incorporated is:				
3.	The foreign corporation was incorporated on the day of, and the period of its duration is:				
4.	The street address of the principal office of the foreign corporation in the state, province or country of its incorporation is:				
5.	The name and street address of the statutory agent for the foreign corporation in Arizona is:				
5.a.	The street address of the known place of business of the foreign corporation in Arizona IF DIFFERENT from the street address of the statutory agent is:				
5.b.	The Annual Report and general correspondence should be mailed to the address specified above in section 4 or 5a Arizona Corporation Commission				

Corporations Division

DO NOT PUBLISH THIS SECTION

- **6.** If the purpose of your corporation has any limitations with regard to this section, so indicate. If none state no limitations, or leave blank.
- 8. The Application must indicate if the corporation does or does not have members.

The Application must be accompanied by the following:

- ①A Certificate of Disclosure, executed within 30 days of delivery to the Commission, by a duly authorized officer
- ②A certified copy of your articles of incorporation, all amendments and mergers (AZ Const. Art. XIV, '8) and a certificate of existence or document of similar import duly authenticated (within 60 days) by the official having custody of corporate records in the state, province or country under whose laws the corporation is incorporated.

The agent must consent to the appointment by executing the consent

ARS §10-140 requires that changes to corporation(s) be executed by a duly authorized officer of the Corporation, whose file is to be changed

CF:0061 Rev: 10/2006

	gnature]	 [Print Name]				
rp	poration effective this day of_	,	_•			
	undersigned hereby acknowledges a					
:(CEPTANCE OF APPOINTMENT BY	STATUTORY AGENT				
	PHONE[optional]	FAX[optional]				
	PHONE	FAX				
	[print name]	[title]				
	[Duly Authorized Officer or Director]					
	Executed by	Officer or Director				
	Dated this day of	·				
	The character of business the foreign	gn corporation initially intends to co				
	(Check One) The corporation □does have □ does not have members.					
	City, State, Zip		<u></u>			
	Address:					
	Name:					
	- 7,, 1					
	Address: City, State, Zip					
	Name:					
	City, State, Zip					
	Address:					
	Name:	- ,	[title]			
	The names and usual business addresses of the current directors and officers of the fo corporation are: (Attach additional sheets if necessary.)					

Arizona Corporation Commission Corporations Division